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CONFIRMATION NO. 7276

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APPLICANTS

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**** CONTINUING DATA *******

This appn claims benefit of 60/456,723 03/21/2003

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
05/31/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY IL	SHEETS DRAWINGS 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and /SATYENDRA K SINGH/ Acknowledged Examiner's Signature						

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TITLE

Keratinocyte-fibrocyte concomitant grafting for wound healing

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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